



CLINTON COUNTY ZONING DEPARTMENT

850 Fairfax St., Carlyle, IL. 62231

Phone: (618) 594-6655

Fax: (618) 594-6006

Residential Application

Office Use Only:

Zoning Application No.: _____

Date: _____

Permanent Parcel No.: _____

Fee: _____ Check #: _____

Zoning Classification: _____

ATF – Var. – Special Use – Map Change – Month: _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Parcel No. _____ Township: _____

Location Information (If different from above)

Full Name: _____ New Address: _____

Parcel No: _____ Township: _____

COMPLETE THIS SECTION ONLY FOR COMMERCIAL OR INDUSTRIAL USE

COMMERCIAL: Description of proposed work	INDUSTRIAL: Description of proposed work

All applicants must complete

Single Family Dwelling – (Basement , Walkout , Crawl, Slab) - **Addition to existing Residence** – (Crawl ,Slab)

Mobile Home – Manufactured Home- (Single or Double – Block Foundation) – **Deck – Covered Patio – Porch**

Finished Basement – (All or portion) – **Enclosed Sunroom – Carport – Swimming Pool** – (Above or In- ground)-

Lean To – Pole Bldg.- Garage or Shed (Portable - Detached) Any Bathrooms Yes/No **Solar Panels – Towers**

Multi Family Dwelling – Duplex – Uni-plex- (Basement, Crawl, Slab, Finished Basement)**Clubhouse**

Size: _____ Total Sq. Ft. _____ Height: _____ Cost of structure: \$ _____

() EXISTING DWELLING WILL BE REMOVED UPON OCCUPANCY OF NEW DWELLING(if applicable)

Month: _____ Year: _____ Signature: _____

UTILITIES: () Public Sewers () Clinton County Health Permit # _____

PRESENT USE OF PROPERTY: (PLEASE CIRCLE)

Single Family – Duplex – Multi-Family – Vacant Tract – Agriculture _____

Commercial (type) _____ Industrial (type) _____

PROPOSED USE OF PROPERTY (PLEASE CIRCLE)

Single Family – Duplex – Multi-Family – Vacant Tract – Agriculture _____

Commercial (type) _____ Industrial (type) _____

THIS MUST BE ANSWERED (Please Circle)

Is any part of the tract of land in the floodplain based on the Flood Hazard Boundary Map? Yes or No

Is any part of the land in the Carlyle Lake Flowage Easement? Yes or No

(If you answered yes to the above, more information will be needed before issuing a building permit.)

SITE PLAN INFORMATION

Your site plan should consist of the following:

- Property lines & dimensions of lot
- Distances from proposed structure, front, side and rear lot lines
- Center of County or Township Road to proposed structures.
- Building Height – (from the ground to the peak)
- Distance from Right-of-Way line from State Highway to proposed structure
- NEW HOMES: Please furnish an 8 x 11 copy of the floor plan with dimension of the house and garage.

THE OWNER IS RESPONSIBLE FOR DETERMINING THE ACCURATE LOCATION OF PROPERTY LINES

(Consult a licensed land surveyor to confirm property lines if you are unable to do so, our office is unable to provide this information)

PROVIDE A DRAWING BELOW OR ON THE BACK OF THIS FORM

Please provide all setbacks on your drawing:

Front – Rear – All sides – Measure from the structure to centerline of roads

MUST READ

Applicants are encouraged to visit, call or e-mail jami.staser@clintonco.illinois.gov or (kay.thole@clintonco.illinois.gov) for any assistance needed in completing this form or visit the Website: <http://www.clintoncountyzoning.com/>
Application is hereby made for a Certificate of Zoning Compliance, as required under the ZONING ORDINANCE OF CLINTON COUNTY, for the erection, moving or alteration, and use of buildings and premises. In making this application the applicant represents all of the above statements and any attached maps and drawings to be a true description of the proposed new or altered uses and/or buildings. The applicant agrees that the permit issued may be revoked without notice on any breach of representation or conditions. It is understood that any permit issued on this application will not grant right of privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the ZONING ORDINANCE, or by other ORDINANCES, CODES, or REGULATIONS of CLINTON COUNTY, ILLINOIS.

I hereby certify that I have read and understood the above requirements; and I have the authority to make this application and that the information given is correct. I guarantee that the proposed work described with this application and the accompanying plans and drawing meet Clinton County's Zoning Ordinance.

Disclaimer and Signatures

I certify that my answers are true and complete to the best of my knowledge.

Applicants

Signature: _____

Date: _____

Owner(s)

Signature: _____

Date: _____

RESOLUTION ESTABLISHING ZONING FEES

Whereas Clinton County has in force a County Zoning Ordinance wherein various fees have been established; and whereas said ordinance provides for changes in said fees when appropriated:

Now therefore be it resolved by the Clinton County Board that the following fees are hereby established for Clinton County Zoning:

Zoning Certificates of Compliance (Building Permit)

Residential	\$0.12 per sq. ft. Min. fee: \$50.00	(Home additions & Clubhouses, living area excluding basement & garage)
Commercial	\$0.06 per sq. ft. Min. fee: \$50.00	
Industrial	\$0.06 per sq. ft. Min. fee: \$50.00	
Mobile/ Manufactured Homes	\$0.12 per sq. ft. Minimum fee \$50.00	
Accessory Uses & Home Occupation:	Under 500 sq. ft. \$25.00 500 sq. ft. & over \$50.00	
Communication Towers:	\$25.00 per ft.	
Late Filing fee	\$75.00	Failure to obtain a Permit

ALL FEES ARE NON-REFUNDABLE

PLEASE MAKE CHECK PAYABLE TO CLINTON COUNTY ZONING

NOTE

MOBILE HOME: INSTALLATION REQUIRED PER ILLINOIS MOBILE HOME TIE-DOWN ACT.

REGISTRATION REQUIRED WITH ASSESSMENT OFFICE PRIOR TO ZONING PERMIT.

MANUFACTURED RESIDENCE: INSTALLATION GUIDELINES PER MANUFACTURER.

OFFICE USE ONLY

Zoning District: _____ **Required Setbacks:** Front – Rear – Center of Rd. _____

Height of Structure: _____ **Flowage Easement:** Yes / No _____ **Flood Plain:** Yes / No _____

Health Permit: Yes / No _____ **Joe Smothers:** Yes / No _____ **EcoCat:** Yes / No _____

APPROVED THIS _____ DAY OF _____, _____ APPROVED BY: _____

DATE: _____ Emailed: _____ Mailed: _____ Handout @ Meeting _____ By: _____

If the information does not apply to your project, please disregard.

If you need additional information, please contact the Zoning Office at 594-6655, or if you would like to email your permit

to jami.staser@clintonco.illinois.gov or kay.thole@clintonco.illinois.gov

If you are applying for a Certificate of Zoning Compliance for a residence or structure that will contain a bathroom, a permit from the Clinton County Health Department is required prior to a building permit being issued.

PLEASE ALLOW AT LEAST THIRTY (30) DAYS FOR APPLICATION PROCESS.

- *Clinton County Health Department, please contact:*

HOLLY TIMMERMANN

930A Fairfax St.

Carlyle, IL. 62231

A private Sewage Application and Informational Packet can be downloaded on the Clinton County Health Departments website: www.clintonco.illinois.gov/environmental_health

- *Clinton County Highway Department*

DAN BEHRENS- COUNTY ENGINEER

Phone #: 618-594-2224

If a new entrance or mailbox will be required along a county highway.

- *Clinton County Addressing*

JAY DONNELLY

Phone #: 618-594-6630

If you need an address: <https://www.clintonco.illinois.gov/addressing.htm>

LOT SIZE, SETBACK AND HEIGHT RESTRICTIONS BY DISTRICT SECTION 40-4-8

DISTRICTS	"A"	"AR"	"R1"	"R2"	"R3"	"C"	"I"
MINIMUM DISTRICT AREA	40 acres	10 acres	10 acres	10 acres	10 acres	2 acres	10 acres
MINIMUM LOT AREA	40 acres	3 acres	1 acre	10,000 sq ft or 2,500 sq ft per dwelling unit, whichever is greater	7500 sq. ft.	6000 sq. ft.	20,000 sq. ft.
MINIMUM LOT WIDTH(at established building line)	800 ft.	150 ft.	100 ft.	75 ft.	50 ft.	50 ft.	125 ft.
MINIMUM LOT DEPTH	800 ft.	150 ft.	100 ft.	100 ft.	100 ft.	100 ft.	150 ft.
MINIMUM SETBACKS From front lot line: (Except along County roads outside the incorporated limits of any city, village or incorporated town, the minimum setback shall be 100 ft. from the center line of the road, & Township roads the minimum setback shall be 75 ft. from the center line of the road). Along Interstate and State Routes, the minimum setback shall be 75 ft. from easements or right-of-way line.	50 ft.	50 ft.	**50 ft.	25 ft.	25 ft.	none – (only applies to incorporated areas)	50 ft.
From side lot line:	25 ft.	25 ft.	**25 ft.	10 ft.	10 ft.	None	25 ft.
From rear lot line:	25 ft.	25 ft.	**25 ft.	10 ft.	10 ft.	None	25 ft.
Maximum Height Structure	None	35 ft.	35 ft.	35 ft.	35 ft.	35 ft.	None

**Subdivisions existing prior to the adoption of this ordinance, on January 1, 1991, shall use the minimum setback requirements as established for the R2 District.

The above restrictions are for the particular district in which said lot/principal structure is located.

SAMPLE SITE PLAN

